

# EXHIBIT 52

**Bansal, Deepti**

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**From:** Dove, Ronald  
**Sent:** Friday, March 24, 2006 11:39 AM  
**To:** Bansal, Deepti  
**Subject:** FW: Breckenridge email and attachment  
**Attachments:** Dispensing Fee Questionnaire.doc

-----Original Message-----

**From:** Jeniphr Breckenridge [mailto:Jeniphr@hbsslaw.com]  
**Sent:** Tuesday, February 28, 2006 4:17 PM  
**To:** O'Sullivan, Kathleen M. (Perkins Coie)  
**Cc:** Mike Green; Joe Mazurek; Carrie Flexer  
**Subject:** AWP : MT : status report on outstanding document requests

The following is a status report on the outstanding requests.

- **Documents regarding the State's reimbursement for physician-administered drugs, including State Plan documentation and physician fee schedules.**

The State has located and will produce responsive documents from the following categories: physician fee schedules and reimbursement rates based on J-codes (these are also available to the public on the Montana Medicaid website, [www.mtmedicaid.org](http://www.mtmedicaid.org) ), provider communications with the Physician Program [with patient health information redacted], State Plan Amendment documentation and other documents.

- **Documents regarding Montana Medicaid's capitated managed care program, including documents sufficient to show the number of enrollees and that the State paid a flat fee per enrollee for program.**

We have confirmed that Montana Medicaid had a capitated managed care program for a limited time, approximately 1995 to 2000. The maximum enrollment in the program at any time was 2000 enrollees. The State acknowledges that the State paid a flat fee per enrollee for the program. The state has conducted a reasonable search and cannot easily locate documents sufficient to show the number of enrollees or the fee paid for this program.

- **Responses to the dispensing fee questionnaires from Montana Medicaid providers.**

A copy of the State of Montana DPHHS Medicaid Services Bureau-Outpatient Prescription Drug Program Dispensing Fee Questionnaire is attached. The State considers much of the information contained on Medicaid provider responses to the surveys to be constitute confidential, non-public information regarding that respondent's business operations. The State objects that the information sought does not appear to relate to the claims or defenses of this lawsuit. If defendants will tailor this request more narrowly, the State will consider producing redacted copies of the questionnaires.

- **All documents regarding proposed changes to Montana Medicaid's reimbursement rate for drugs, including correspondence with CMS, internal communications among State employees, all comments received on the proposed rule changes, al "Second notices" of proposed rule changes (which contain the State's response to comments received), and minutes of public hearings.**

3/24/2006

The State believes it has produced all responsive information. The State continues its search. Any responsive documents not previously provided will be produced.

- **The State's contract with ACS and ACS's contract with the ACS PBM entity.**

Subject to ACS approval, the State will produce its contract with ACS. The State has conducted a reasonable search and has not located a copy of ACS's contract with the ACS PBM entity.

- **The State's contracts with bidding for any other PBM services and with any other administrative services or benefits consultants associated with Medicaid, including Maximus, McKesson MedManagement, and PCG Consulting.**

The State's search into this request is ongoing. The State is not aware of any such contracts associated with Medicaid.

- **Jeff Buska's AWP File**

A complete copy of Jeff Buska's AWP file, as referenced at his deposition, is attached.

Jeniphr Breckenridge  
Hagens Berman Sobol Shapiro LLP  
1301 Fifth Avenue; Suite 2900  
Seattle, WA 98101  
206.623.7292  
206.224.9325 (direct)  
206.623.0594 (fax)  
[www.hagens-berman.com](http://www.hagens-berman.com)

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State of Montana  
Department of Public Health and Human Services  
Medicaid Services Bureau—Outpatient Prescription Drug Program  
Dispensing Fee Questionnaire

*\*This questionnaire is intended to calculate the average expense to dispense a prescription in retail pharmacies. Pharmacies in Home Infusion Therapy or Hospital settings should complete the survey as completely as possible and attach a cover letter offering additional explanation of their prescription dispensing costs. Call (406) 444-2738 with questions.*

**Please mail completed questionnaire to:**

Pharmacy Program Officer  
Health Resources Division  
1400 Broadway, P.O. Box 202951  
Helena, Montana 59620-2951

Pharmacy Name _____	NABP # _____
Store Address _____	Other Address _____
Store Phone # _____	Other Phone # _____
Medicaid Provider # _____	
Current Medicaid Dispensing Fee \$ _____	
Time Period of Data _____ to _____	<i>*please provide most recent fiscal/calendar year data</i>

**Part I—General Data**

Do you deliver prescriptions?	_____ Yes _____ No
Do you prepare compounded prescriptions?	_____ Yes _____ No
Do you dispense unit dose prescriptions?	_____ Yes _____ No
Annual Pharmacy Sales	\$ _____
Annual Prescription Sales	\$ _____
Number of prescriptions dispensed last fiscal or calendar year	
New _____	
Refill _____	
Total _____	

Annual purchases of prescription drug merchandise \$ \_\_\_\_\_

*\*if annual purchases not available, please use the gross margin on each prescription. Gross margin = sales less cost of goods sold.*

Total Part I \$ \_\_\_\_\_

**Part II—Personnel Expense**

Owner/Employee	Estimated % of total working hours spent in Rx department	Gross Annual Salary
Owner		\$
Partner 1		\$
Pharmacist 1		\$
Pharmacist 2		\$
Pharmacist 3		\$
Pharmacist 4		\$
Pharmacist 5		\$
Interns		\$
Technician/Clerk 1		\$
Technician/Clerk 2		\$
Technician/Clerk 3		\$
Delivery Person		\$
Janitorial Personnel		\$
<b>Total Part II</b>		\$

*\*Gross Salary includes the total salary or wage plus Social Security; Unemployment; Workers Compensation; Taxes; Health Insurance; Life Insurance; Bonus; Pension Plan Fund; Profit Sharing Contributions; and similar benefits paid by the pharmacy.*

**Part III—Expenses Allocated Directly to the Prescription Department**

Prescription containers, labels, bags \$ \_\_\_\_\_

Professional licenses, dues, subscriptions \$ \_\_\_\_\_  
*\*include pharmacy professional liability insurance; permit licenses; R.Ph. Owners registration; DEA license; Pharmacy Association dues (national, state, local); journal subscriptions; reference texts*

Travel to professional meetings (continuing education, etc.) \$ \_\_\_\_\_

Telephone/Fax costs used exclusively by the Rx department \$ \_\_\_\_\_

Total delivery costs for deliveries containing prescriptions \$ \_\_\_\_\_  
*\*include auto depreciation; insurance; gas; oil; repairs; maintenance but not wages*

Advertising or promotion of Rx department only \$ \_\_\_\_\_

Computer costs (hardware and software for pharmacy) \$ \_\_\_\_\_

Total Part III \$ \_\_\_\_\_

**Part IV—Annual Store Proportionate Expense**

Rent/Lease directly allocated to pharmacy department \$ \_\_\_\_\_

All other expenses \$ \_\_\_\_\_

\*Exclude all previously listed expenses but include insurance; utilities (gas, electric, water); depreciation; interest; bad debts; bookkeeping; accounting fees; legal fees; collection agency fees; security personnel or system; maintenance; nonprofessional dues; professional attire; laundry; dry cleaning; business licenses.

Total Part IV \$ \_\_\_\_\_

This is to certify that to the best of my knowledge, the above information is true, accurate, and complete. I understand that this information is subject to audit by the Department of Public Health and Human Services and that any false claims, statements, or concealment of material fact may be prosecuted under applicable federal or state laws.

Signature of person responsible for the information provided:

Printed Name \_\_\_\_\_

*Signature*

Date \_\_\_\_\_